

Year 1
Direct Support Professional Training

Student's Resource Guide



Session #10 **Individual Rights, Laws and Regulations**

**California Department of Education
and the
Regional Occupational Centers and Programs
in partnership with the
Department of Developmental Services
1999**

List of Class Sessions

Session	Topic	Time
1	Introduction, Overview of Developmental Disabilities, Values, Diversity	2 hours
2	Communication	3 hours
3	Wellness: Nutrition, Exercise and Safety	3 hours
4	Wellness: Medications	3 hours
5	Wellness: Responding to Individual Needs	3 hours
6	Positive Behavior Support	3 hours
7	Teaching Strategies: Relationships, Task Analysis and Prompts	3 hours
8	Teaching Strategies: Postive Feedback and Natural Times to Teach	3 hours
9	Daily Living	3 hours
10	Individual Rights, Laws and Regulations	3 hours
11	Leisure and Recreation	3 hours
12	Competency Test	3 hours
Total Class Sessions		12
Total Class Time		35 hours

Key Words

In this session, the key words are:

- Laws and Regulations
- Title 17, Title 22
- Lanterman Act
- Regional Center
- Community Care Licensing
- Special Incident Report
- Mandated Reporter
- Confidentiality

Your In-Class Review Notes

This is a place for you to take notes on the review questions during this session.

1. **Name at least three agencies/organizations that are a part of the Developmental Disabilities services system in California.**

 2. **Name at least three laws or regulations that regulate/monitor services to individuals with developmental disabilities.**

 3. **Parents continue to be “natural guardians” and make decisions for adult sons/daughters with developmental disabilities if they are still living at home with their parents.**
- True_____ False_____

4. **Name at least three rights guaranteed by the U.S. Constitution.**

 5. **Welfare and Institutions Code recognizes the rights of individuals with developmental disabilities to choose where to live and with whom.**
- True_____ False_____

6. If a resident gets into a fight with a roommate it is OK to deny them the use of the telephone for 2 weeks as punishment.

True_____ False_____

7. Name at least three things that are considered abuse under the Child Abuse and Dependent Adult Abuse laws.

8. Failure to report physical abuse is a misdemeanor, punishable by _____ months in jail or a fine of \$_____ or both.

9. Licensee shall furnish the licensing agency with reports (check all that apply)

- a. When a resident dies for any reason, in any place.
- b. Gets in a verbal fight with another resident.
- c. A resident is injured and requires medical treatment.

10. A written Special Incident Report shall be submitted to the regional center within _____ 24 hours _____ 7 days _____ immediately

11. Name one way to be sure that an individual who is non-verbal, understands information to make the best choices in his or her life.



Adapted from *Tri Counties Regional Center* website at <http://www.tri-counties.org/tritour.html>

Information Brief

A Brief Description of Major Agencies

The following are the major state agencies in the developmental disabilities services system in the State of California:

Health and Human Services Agency

The umbrella agency for the Departments of Social Services, Health Services, Developmental Services, Mental Health and Rehabilitation.

Department of Social Services (DSS)

The Community Care Licensing Division licenses homes for children and adults with developmental disabilities.

Department of Health Services (DHS)

Administers the Medi-Cal program that pays for health care. Also, licenses and monitors homes for people with developmental disabilities and significant health needs.

Department of Developmental Services (DDS)

Contracts with 21 Regional Centers to provide services to children and adults with developmental disabilities including service coordination and funding of services which cannot be provided by generic, community agencies. DDS is also responsible for managing the state developmental centers.

Department of Mental Health Oversees county mental health services.

Department of Rehabilitation (DR)

Furnishes funding for Work Activity Programs (WAP) which included work support services in sheltered and community-based employment settings.

Department of Education (DOE)

Manages special education programs in public school system. **Special Education**

Local Planning Agencies (SELPA)

Determine own structures to provide programs to students. **Local School Districts** Provide classes and training to children with disabilities.

State Council on Developmental

Disabilities (SCDD) Develops a state plan which looks at the future of developmental disabilities services; reviews and comments on budgets and regulations of state agencies which provide services to people with developmental disabilities; and, funds the Area Boards.

Protection and Advocacy (PAI) Protects the civil and service rights of Californians with developmental disabilities through legal advocacy.

Area Boards Protects the rights of Californians with developmental disabilities through public information, education, monitoring policies and practices of publicly funded agencies.

Organization of Area Boards (OAB)

Coordinates and supports the activities of local Area Boards.

Information Brief

Community Care Licensing Offices

NORTHERN REGIONAL OFFICE

8745 Folsom Blvd., Suite 130
Sacramento, CA 95826
(916) 229-4500 FAX (916) 229-4508

CHICO DISTRICT - RESIDENTIAL AND CHILD CARE

520 Cohasset Road, Suite 6
Chico, CA 95926
(530) 895-5033 FAX (530) 895-5934
Counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lassen, Modoc, Plumas, Shasta, Siskiyou, Sutter, Tehama, Trinity and Yuba

COASTAL REGIONAL OFFICE

801 Traeger Ave., Suite 105
San Bruno, CA 94066
(650) 266-8860 FAX (650) 266-8877

SACRAMENTO DISTRICT - RESIDENTIAL

2400 Glendale Lane, Suite C
Sacramento, CA 95825
(916) 574-2346 FAX (916) 574-2382
Counties: Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Tuolumne and Yolo

SACRAMENTO DISTRICT- CHILD CARE

8745 Folsom Blvd., Suite 200
Sacramento, CA 95826
(916) 229-4530 FAX (916) 387-1933
Counties: Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Tuolumne and Yolo

REDWOOD EMPIRE DISTRICT- RESIDENTIAL AND CHILD CARE

101 Golf Course Drive, Suite A-230
Rohnert Park, CA 94928
(707) 588-5026 FAX (707) 588-5080
Counties: Lake, Marin, Mendocino, Napa, Solano, and Sonoma

FRESNO DISTRICT-RESIDENTIAL AND CHILD CARE

770 E. Shaw Avenue, Suite 330
Fresno, CA 93710
(209) 445-5691 FAX (209) 445-5097
Counties: Fresno, Kern, Kings, Madera, Mariposa, Merced and Tulare

CENTRAL COAST AREA-RESIDENTIAL AND CHILD CARE

360 S. Hope Avenue, Suite C-105
Santa Barbara, CA 93105
(805) 682-7647 FAX (805) 682-8361
Counties: San Luis Obispo, Santa Barbara, and Ventura

BAY AREA DISTRICT-CHILD CARE

1515 Clay Street, Suite 1102
Oakland, CA 94612
(510) 622-2602 FAX (510) 622-2641
Counties: Alameda and Contra Costa

PENINSULA DISTRICT-CHILD CARE

801 Traeger Avenue, Suite 100
San Bruno, CA 94066
(650) 266-8843 FAX (650) 266-8847
Counties: San Francisco and San Mateo

SAN FRANCISCO BAY-RESIDENTIAL

851 Traeger Avenue, Suite 360
San Bruno, CA 94066
(650) 266-8800 FAX (650) 266-8841
Counties: Alameda, Contra Costa, San Francisco, and San Mateo

SAN JOSE-CHILD CARE

111 North Market Street, Suite 300
San Jose, CA 95113
(408) 277-1286 FAX (408) 277-2071
Counties: Monterey, San Benito, Santa Clara and Santa Cruz

SAN JOSE DISTRICT-RESIDENTIAL
111 North Market Street, Suite 350
San Jose, CA 95113
(408) 277-1289 FAX (408) 277-2045
Counties: Monterey, San Benito, Santa Clara
and Santa Cruz

SOUTHERN REGIONAL OFFICE
5900 Pasteur Court, Suite 125
Carlsbad, CA 92008
(760) 929-2121 FAX (760) 929-2133

MISSION VALLEY DISTRICT- CHILD CARE
8765 Aero Drive, Suite 300
San Diego, CA 92123
(619) 467-4388 FAX (619) 492-1755
Counties: San Diego and Imperial

SAN DIEGO DISTRICT-RESIDENTIAL
8745 Aero Drive, Suite 200
San Diego, CA 92123
(619) 467-2367 FAX (619) 467-2373
Counties: San Diego and Imperial

SAN GORGONIO OFFICE-CHILD CARE
3737 Main Street, Suite 700
Riverside, CA 92501
(909) 782-4200 FAX (909) 782-4985
Counties: Inyo, Mono, Riverside and San
Bernardino

INLAND EMPIRE OFFICE-RESIDENTIAL
3737 Main Street, Suite 600
Riverside, CA 92501
(909) 782-4207 FAX (909) 782-4967
Counties: Inyo, Mono, Riverside and San
Bernardino

ORANGE COUNTY-CHILD CARE
750 The City Drive, Suite 250
Orange, CA 92668
(714) 703-2800 FAX (714) 703-2831
Counties: Orange

ORANGE COUNTY-RESIDENTIAL
770 The City Drive, Suite 7100
Orange, CA 92668
(714) 703-2840 FAX (714) 703-2868
Counties: Orange

LOS ANGELES REGIONAL OFFICE
100 Corporate Pointe, Suite 350
Culver City, CA 90230
(310) 665-1940 FAX (310) 665-1979

LOS ANGELES RESIDENTIAL EAST
1000 Corporate Center Drive, Suite 200A
Monterey Park, CA 91754
(213) 981-3300 FAX (213) 981-3309

L.A. RESIDENTIAL NORTHERN VALLEYS
21731 Ventura Blvd., Suite 250
Woodland Hills, CA 91364
(818) 596-4334 FAX (818) 596-4376

LOS ANGELES RESIDENTIAL WEST
6167 Bristol Parkway, #210
Culver City, CA 90230
(310) 568-1807 FAX (310) 417-3680

L.A. NORTHWEST CHILD CARE
6167 Bristol Parkway, #400
Culver City, CA 90230
(310) 337-4333 FAX (310) 337-4360

L.A. CHILD CARE EAST
1000 Corporate Center Dr., Suite 200B
Monterey Park, CA 91754
(323) 981-3350 FAX (323) 981-3355

Information Brief

Regional Centers

Alta California Regional Center
2031 Howe Avenue, Suite 100
Sacramento, CA 95825
Phone: (916) 614-0500 Fax: (916) 929-1036
Areas served by the regional center: Colusa, Placer, El Dorado, Alpine, Sierra, Nevada, Sacramento, Yuba, Yolo, and Sutter Counties.

Central Valley Regional Center
5168 North Blythe
Fresno, CA 93722
Phone: (559) 276-4300 Fax: (559) 276-4450
Areas served by the regional center: Merced, Mariposa, Madera, Fresno, Kings, and Tulare Counties.

Eastern Los Angeles Regional Center
1000 S. Fremont Avenue
P.O. Box 7916
Alhambra, CA 91802-7916
Phone: (626) 299-4700 Fax: (626) 281-1163
Areas served by the regional center: East Los Angeles, Northeast Los Angeles, Whittier District, Alhambra District.

Far Northern Regional Center
1900 Churn Creek Road, #319
P.O. Box 492418
Redding, CA 96002
Phone: (530) 222-4791 Fax: (530) 222-6063
Areas served by the regional center: Butte, Glenn, Shasta, Siskiyou, Tehama, Modoc, Plumas, Lassen, and Trinity Counties.

Golden Gate Regional Center
120 Howard Street, Third Floor
San Francisco, CA 94105
Phone: (415) 546-9222 Fax: (415) 546-9203
Areas served by the regional center: San Mateo, Marin, and San Francisco Counties.

Harbor Regional Center
21231 Hawthorne Blvd.
Torrance, CA 90503
Phone: (310) 540-1711 Fax: (310) 540-9538
Areas served by the regional center: Bellflower, Harbor, Long Beach, and Torrance Health Districts.

Inland Regional Center
674 Brier Drive
P. O. Box 6217
San Bernardino, CA 92412-6217
Phone: (909) 890-3000 Fax: (909) 890-3001
Areas served by the regional center: Riverside and San Bernardino Counties.

Kern Regional Center
3200 North Sillect Avenue
Bakersfield, CA 93308
Phone: (661) 327-8531 Fax: (661) 324-5060
Areas served by the regional center: Kern, Inyo, and Mono Counties.

Lanternman Regional Center
3440 Wilshire Blvd., Suite 400
Los Angeles, CA 90010
Phone: (213) 383-1300 Fax: (213) 383-6526
Areas served by the regional center: Pasadena, Hollywood, Wilshire, Central Los Angeles, Glendale/Foothill.

North Bay Regional Center
10 Executive Court, Suite A
P.O. Box 3360
Napa, CA 94558
Phone: (707) 256-1100 Fax: (707) 256-1112
Areas served by the regional center: Napa, Sonoma, and Solano Counties.

North Los Angeles County Regional Center
15400 Sherman Way, Suite 300
Van Nuys, CA 91406
Phone: (818) 778-1900 Fax: (818) 756-6140
Areas served by the regional center: San Fernando, Antelope, Santa Clarita, Conejo Valleys.

Redwood Coast Regional Center
808 E Street
Eureka, CA 95501
Phone: (707) 445-0893 Fax: (707) 444-3409
Areas served by the regional center:
Humboldt, Del Norte, Mendocino, and Lake
Counties.

Regional Center of the East Bay
7677 Oakport Street, Suite 1200
Oakland, CA 94621
Phone: (510) 383-1200 Fax: (510) 633-5020
Areas served by the regional center: Alameda
and Contra Costa Counties.

Regional Center of Orange County
801 Civic Center Drive West
P.O. Box 22010
Santa Ana, CA 92702-2010
Phone: (714) 796-5222 Fax: (714) 547-4365
Area served by the regional center: Orange
County.

San Andreas Regional Center
300 Orchard City Drive, Suite 170
Campbell, CA 95008
Phone: (408) 374-9960 Fax: (408) 376-0586
Areas served by the regional center: San
Benito, Monterey, Santa Clara, and Santa Cruz
Counties.

San Diego Regional Center
4355 Ruffin Road
San Diego, CA 92123
Phone: (619) 576-2996 Fax: (619) 576-2873
Areas Served by the regional center: San Diego
and Imperial Counties.

San Gabriel/Pomona Regional Center
761 Corporate Center Drive
Pomona, CA 91768
Phone: (909) 620-7722 Fax: (909) 622-5123
Areas served by the regional center: San
Gabriel, Pomona, Monrovia, Glendora and El
Monte.

South Central Los Angeles Regional Center
2160 West Adams Blvd.
Los Angeles, CA 90018
Phone: (323) 734-1884 Fax: (323) 730-2286
Areas served by the regional center: Compton,
San Antonio, South Los Angeles,
Southeast Los Angeles, and Southwest Los
Angeles Health Districts.

Tri-Counties Regional Center
520 East Montecito Street
Santa Barbara, CA 93013
Phone: (805) 962-7881 Fax: (805) 966-5935
Areas served by the regional center: Ventura,
Santa Barbara, and San Luis Obispo.

Valley Mountain Regional Center
7109 Danny Drive
P.O. Box 692290
Stockton, CA 95269-2290
Phone: (209) 473-0951 Fax: (209) 473-0256
Areas served by the regional center: Amador,
Calaveras, San Joaquin, Stanislaus, and
Tuolumne.

Westside Regional Center
5901 Green Valley Circle, Third Floor
Culver City, CA 90230
Phone: (310) 337-1155 Fax: (310) 649-2033
Areas served by the regional center: Inglewood
and Santa Monica West Health Districts.

Information Brief

Area Boards

Area Board I

Del Norte, Humboldt, Lake, Mendocino
P.O. Box 245
Ukiah, CA 95482
(707) 463-4700 Fax: (707) 463-4752

Area Board II

Butte, Shasta, Glenn, Siskiyou, Lassen, Tehama,
Plumas, Modoc, Trinity
1367 E. Lassen Ave., #B3
Chico, CA 95926
(530) 895-4027 Fax: (530) 899-1562

Area Board III

Alpine, Sacramento, Colusa, El Dorado, Sutter,
Nevada, Yolo, Placer, Yuba, Sierra
1010 Hurley Way, Ste. 195
Sacramento, CA 95825
(916) 263-1150 Fax: (916) 263-1155

Area Board IV

Napa, Solano, Sonoma
236 Georgia St., Suite 201
Vallejo, CA 94590
(707) 648-4073 Fax: (707) 648-4100

Area Board V

Alameda, Contra Costa, Marin, San Francisco,
San Mateo
360 22nd Street, Ste 730
Oakland, CA 94612
(510) 286-0439 Fax: (510) 286-4397

Area Board VI

Amador, Calaveras, Tuolumne, San Joaquin,
Stanislaus
250 Cherry Lane, Ste 113
Manteca, CA 95336
(209) 239-6700 Fax: (209) 239-3081

Area Board VII

Monterey, San Benito, Santa Cruz, Santa Clara
359 Northlake Drive
San Jose, CA 95117-1261
(408) 246-4355 Fax: (408) 246-6658

Area Board VIII

Mariposa, Madera, Merced, Fresno, Kings,
Tulare, Kern
770 East Shaw Ave., Suite 123
Fresno, CA 93710
(559) 222-2496 Fax: (559) 248-2886

Area Board IX

San Luis Obispo, Santa Barbara, Ventura
7127 Hollister Ave., Ste 22
Goleta, CA 93117
(805) 685-8395 Fax: (805) 685-4896

Area Board X

Los Angeles
411 North Central Ave., Suite 620
Glendale, CA 91203-2020
(818) 543-4631 Fax: (818) 543-4635

Area Board XI

Orange
250 S. El Camino Real, Ste 110
Tustin, CA 92680
(714) 731-4787 Fax: (714) 573-1839

Area Board XII

Inyo, Mono, Riverside, San Bernardino
1960 Chicago Ave., Ste E8
Riverside, CA 92507
(909) 782-3226 Fax: (909) 781-0896

Area Board XIII

San Diego, Imperial
4711 Viewridge Ave., Suite 160
San Diego, CA 92123
(619) 637-5563 Fax: (619) 637-5572

Information Brief

Protection and Advocacy, Inc.

- E-mail: legalmail@pai-ca.org
- Toll Free - Legal Offices/TDD - - 1-800-7765746
- Toll Free - Office of Patients' Rights - - 1-800-254-5166
- Administrative Office, 100 Howe Avenue, Suite 185-N
Sacramento, CA 95825 (916) 488-9955
- Sacramento Legal Office, 100 Howe Avenue, Suite 235-N,
Sacramento, CA 95825 (916) 488-9950
- Southern California Legal Office, 3580 Wilshire Blvd., Suite 902, Los Angeles, CA
90010 (213) 427-8747
- Bay Area Legal Office, 449 15th Street, Suite 401
Oakland, CA 94612 (510) 839-0811
- Office of Patients' Rights, 100 Howe Avenue, Suite 240-N
Sacramento, CA 95825 (916) 575-1610

Information Brief

Key Laws and Regulations

Laws

Rehabilitation Act of 1973 This Act is known as the first federal civil rights law protecting the rights of individuals with disabilities. It prohibits discrimination based on disability in the following areas: (1) Education; (2) Vocational Education; (3) College Programs; (4) Employment; (5) Health, social service programs, welfare; and (6) Federally funded programs.

The Americans with Disabilities Act (ADA) Congress passed this law in July of 1990. It is a landmark civil rights bill that extends protection against discrimination to people with disabilities. It requires modifications, accessibility and reasonable accommodations, covers state and local governments, and it addresses four main areas of potential discrimination: (1) Employment; (2) Public facilities; (3) Transportation; and (4) Communication.

Individuals with Disabilities Education Act (IDEA) Guarantees six important rights: (1) Free and appropriate public education for all children with disabilities; (2) Education in the least restrictive environment; (3) An individualized education program (IEP); (4) Provision of necessary related services in order to benefit from special education; (5) Fair assessment procedures; and (6) Due process and complaint procedures.

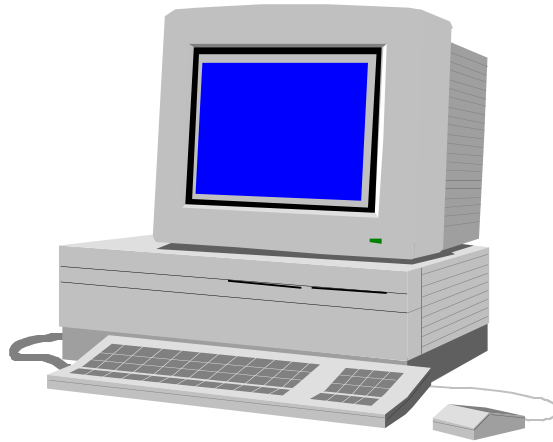
IDEA, Part C Early education opportunities available to infants and toddlers less than 3 years of age who have low incidence disabilities or are developmentally delayed or at risk of such delay.

The Lanterman Developmental Disabilities Services Act (Lanterman Act) This Act provides a statement of the service rights and responsibilities of individuals with developmental disabilities; an entitlement to services and supports; and, it creates the regional center system of providing services throughout the state.

Regulations

Title 17, Department of Developmental Services Regulations These regulations govern how services are delivered within the California developmental disabilities services system (which includes licensed homes). Copies of Title 17 may be obtained at a local regional center or by contacting **Barclays Law Publishers**, 400 Oyster Point Blvd., P.O. Box 3066, South San Francisco, CA 94080 (415) 244-6611 or at the Department of Developmental Services website.

Title 22, Division 6, Licensing of Residential Facilities These are the **Department of Social Services** regulations, policies and procedures for licensing, monitoring and evaluating **Community Care Facilities**. Individuals or agencies who are granted a license to operate a residential facility must comply with all of the Title 22 regulations. Copies of Title 22 may be obtained at a local licensing office or by contacting **Barclays Law Publishers**, 400 Oyster Point Blvd., P.O. Box 3066, South San Francisco, CA 94080 (415) 244-6611 or at the Department of Social Services website.



**Title 22 Regulations are now available on the Internet
from the Community Care Licensing Division of the
Department of Social Services at**

<<http://www.dss.cahwnet.gov/getinfo/cacoderegs.html>>

**Title 17 Regulations are now available on the Internet
from the Department of Developmental Services at**

<<http://www.dds.cahwnet.gov/laws003.cfm>>

Information Brief

Lanterman Act

The Lanterman Act sets out the rights and responsibilities of individuals with developmental disabilities, and creates the agencies, including regional centers, responsible for planning and coordinating services and supports for individuals with developmental disabilities and their families.

The Lanterman Act establishes that the State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge.

It establishes an entitlement to services and supports for persons with developmental disabilities, those at risk of developing a developmental disability, and their families.

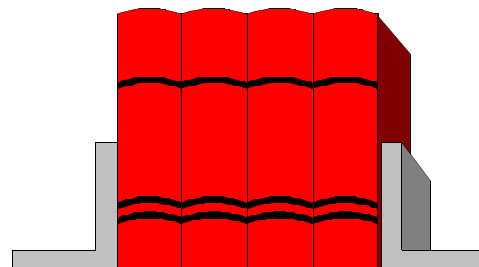
The Lanterman Act states that individuals with developmental disabilities and their families have the right to receive services and supports which will enable them to make decisions and choices about how, and with whom, they want to live their lives; achieve the highest self-sufficiency possible; and lead productive independent and satisfying lives as part of the communities in which they live.

In addition to the entitlement to services and supports, the Lanterman Act creates the regional center as the central coordinating agency in a community network. The regional center has the mandate to ensure that individuals for

whom it is responsible receive services and supports which will assist them in living productively in their communities.

In addition to regional centers, the Lanterman Act established the agencies necessary to fund and monitor the developmental service system:

- Department of Developmental Services
- Area Boards
- State Council on Developmental Disabilities
- Protection and Advocacy
- Vendor Agencies



Information Brief

Basic Rights

Constitutional Rights

Individuals with developmental disabilities have the same rights as everyone else under the Constitution of the United States and the California Constitution. Those rights include:

- Freedom of Speech
- Right to Due Process
- Freedom of Religion
- Freedom of Association
- Freedom of Assembly
- Equal Protection of the Law
- Right to Privacy

In addition, the United States and California governments have passed statutes, which set out particular rights for individuals who have developmental disabilities.

Citizens of the State of California

In California, the Lanterman Act spells out these rights:

A right to treatment and habilitation services and supports.

A right to dignity, privacy and humane care.

A right to participate in an appropriate program of publicly supported education.

A right to prompt medical care and treatment.

A right to religious freedom and practice.

A right to social interaction and participation in community activities.

A right to physical exercise and recreational opportunities.

A right to be free from harm.

A right to be free from hazardous procedures.

A right to make choices including, but not limited to, where and with whom to live; relationships with people in their community; the way they spend their time, including education, employment and leisure; the pursuit of their personal future; and program planning and implementation.

A right to have relationships, marry, be part of a family, and to parent if they so choose.

The Lanterman Act also states that individuals with developmental disabilities who live in residential facilities have these additional rights:

To wear their own clothes.

To keep and use their own personal possessions, including toiletry or personal hygiene articles.

To keep and be allowed to spend a reasonable sum of their own money.

To have access to individual storage space for private use.

To see visitors each day.

To have reasonable access to telephones, both to make and receive confidential calls.

To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.

To refuse electroconvulsive therapy.

To refuse behavior modification techniques which cause pain or trauma.

To refuse psychosurgery.

To make choices in areas including, but not limited to: daily living routines, choice of companions, leisure and social activities, and program planning and implementation.

To choose and to have information needed to make an informed choice.

In addition, the *Lanterman Act (Welfare and Institutions Code)* recognizes the rights of individuals with disabilities to have relationships, marry, be part of a family and to parent if they so choose.

Individuals living in community care residences have:

The right to make personal choices about sexual values, preferences, and behavior.

The right to be given accurate information about sex education in an understandable way.

The right to sexual expression.

The right to privacy.

The right to have a “significant other” or to marry, if the person so chooses.

The right to choose parenthood; this also requires the right to be given information about birth control options, and to choose or refuse contraception and/or sterilization.

The right to receive services needed: counseling, legal aid, social and recreation services with the opposite sex.

Denial of Rights

Most individual rights may not be denied for any reason. A few rights may be denied for a limited period of time and under a very narrow set of circumstances called the ***Denial of Rights Procedure***. These rights may be denied only when certain conditions are documented and the denial is approved by the regional center.



Information Brief

Parents and Others as Legally Authorized Representatives

There are some terms you need to know in order to understand the rights and responsibilities of parents and other legally authorized representatives.

Competence

Competence (or incompetence) is about the ability of an individual to make decisions. Until a person reaches the age of majority (age 18 in California), he/she is ***presumed to be incompetent***. That is, not able to manage alone or to come to reasoned decisions about certain important matters. Upon reaching the age of majority, even if the person has a significant intellectual impairment, he/she is ***presumed to be competent***.

Parents

Parents are considered ***natural guardians*** of their biological or adopted children and have certain rights and responsibilities in making decisions on behalf of their children.

Guardianship

Some minors need a court-appointed guardian, if parents have died, abandoned a child, or had their parental rights removed by a court of law. The issues surrounding guardianship are few, precisely because the law ***presumes incompetence***. Since 1981 guardianships have only been available for minors.

Conservatorship

A conservatorship is a legal arrangement in which a competent adult oversees the personal care or financial matters of another adult considered incapable of managing alone. Some parents incorrectly presume (as was traditional years ago) that as ***natural guardians*** of children, their legal responsibilities continue for a child with a developmental disability, if he/she has “not grown up and left the nest.”

General conservatorship

This is the conventional kind of conservatorship for incapacitated adults unable to meet their own needs or manage their own affairs.

Limited conservatorship

The purpose of limited conservatorship is to protect adults with developmental disabilities from harm or exploitation while allowing for the development of maximum self-reliance. If granted by the court, the limited conservator can have decision-making authority (or be denied authority) in as many as seven areas:

1. To fix the person's place of residence.
2. Access to confidential records and papers.
3. To consent or withhold consent to marriage.
4. The right to contract.
5. The power to give or withhold medical consent.

Resource Guide

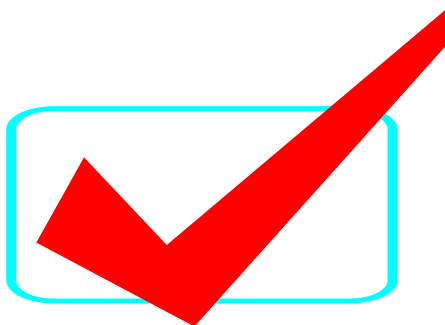
6. Decisions regarding social and sexual contacts and relations.
7. Decisions concerning education or training.

Short of a special court order, the limited conservator **may not**, however, provide substitute consent in the areas of:

1. Experimental drug treatment.
2. Electroshock therapy.
3. Placement in a locked facility.
4. Sterilization.

The **limited conservator** should have:

1. Personal knowledge of the conservatee.
2. Knowledge of what constitutes the “best interest” of the conservatee.
3. A commitment to providing that which is in the person’s “best interest.”
4. Financial management skills (as appropriate).
5. A knowledge of programs and services, their availability and effect.
6. Knowledge of appropriate methods of protection.
7. Proximity to the conservatee.
8. Availability in terms of time and energy.



Information Brief

Privacy and Confidentiality

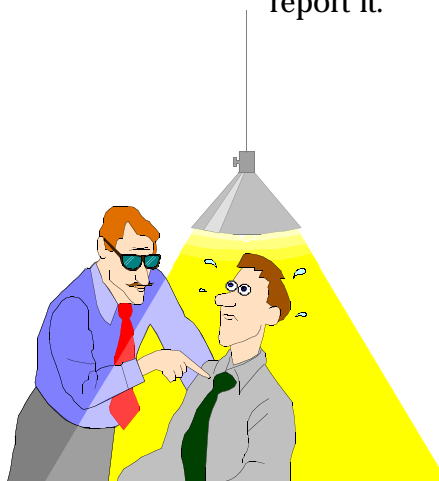
Privacy is a right guaranteed to all individuals under law. Individual **privacy** must be respected in all areas of care and supervision:

- Personal hygiene
- Personal information
- Personal possessions
- Sexual expression
- Time to be alone
- With friends and family
- Personal space in individual's bedroom
- Mail and telephone conversations

Confidentiality means that:

- You do not discuss information about individuals with your friends.
- You do not take individuals' files out of the facility.
- You do not give information to persons who might ask for it without the signed consent of the individual or legal representative.
- You do not discuss confidential information about an individual with another individual in the facility.

The DSP must respect an individual's right to confidentiality when they tell you **not** to tell, even when you feel it is important to tell someone. However, if the individual plans to/or has **broken the law**, or it is a **health and safety** issue, then you **must** report it.



Information Brief

Advocacy

Advocacy Is

Helping people help themselves
Building self confidence
Supporting independence
Telling people their rights
Telling people their options
Providing assistance and training
Helping locate services
Asking people what they want
Treating adults like adults

Advocacy Is Not

Taking over a person's life
Making a person dependent
Doing everything for a person
Not informing a person of his/her rights
Making decisions for people
Controlling people
Making adults feel like children
Limiting options
Knowing what is best because you are a professional
Not respecting choices

Locating and Using Advocacy Resources

The Lanterman Act provides for advocacy services for persons with developmental disabilities through the following agencies:

Area Boards

There are thirteen Area Boards in California which can provide individual advocacy. A vendor may contact them to obtain information on behalf of an

individual with disabilities. *A list of Area Boards is included in this packet.*

Protection and Advocacy, Inc.

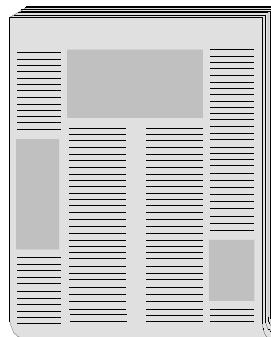
This federally funded, state designated agency is designed to protect the rights of individuals with disabilities. Services include legal counseling and representation if necessary. They may only represent the individual, not a vendor. *A list of addresses and phone numbers is included in this packet.*

In California there is a resource for self-advocacy called:

People First of California, Inc.

1225 8th Street, Suite 590
Sacramento, CA 95814
(916) 552-6625

In addition to the Sacramento office, there are many chapters of **People First** throughout California. The Sacramento office may be called to inquire about other chapters and obtain subscriptions to their news letter **"PEOPLE FIRST STAR."**



Activity: What Are Your Findings?

After reading the scenario, work as a group to list the possible rights issues. You can refer back to the sections on individual rights.

SCENARIO #1: CHARLES

Charles is a 42-year-old man who has both a developmental and a physical disability (cerebral palsy, epilepsy) and it is difficult to understand his speech. There seems to have been no family contact in many years, and it is unknown if he even has family still living. He has a history of wandering away when not watched closely and tends to “borrow” tape recorders and clothing from other individuals living in the home. Charles often has what appears to be a poor appetite, plays with food on his plate and occasionally throws food. He doesn’t like getting up in the morning and has to be repeatedly coaxed out of bed.

The DSP in the home makes Charles get up early on weekends because he won’t get up on weekdays. He loves to sit outside on weekends and listen to his radio. It is repeatedly taken away for bad behavior and not getting up in the mornings. When other residents have family or visitors, Charles gets very excited and wants to go with them if they leave the home. Charles often sneaks out of the home right after visitors leave, and gets very angry when he is brought back home. He is only allowed to leave the facility once per month when the group goes on an outing together.

He seldom initiates activities but will participate with other residents when made to do so. He tends to hang out in the kitchen when meals are being prepared but gets in the way and DSP often make him leave the room until the meal is ready.

Possible Advocacy Issues?

SCENARIO #2: MICHAEL

Michael is a 18 year old male who uses a wheel chair and is totally dependent on others for his daily care. He often yells very loudly and is locked in his room and left there alone as punishment.

He has use of his arms and hands, but not enough strength to transfer himself. He is able to manage his manual wheel chair. He is usually uncooperative with DSPs in daily grooming, bathing, and tooth brushing. DSPs sometimes comb his hair and forget the other grooming tasks when he is especially uncooperative.

Michael has a very involved family who visits him in his home and takes him to their home on a monthly basis. The visit is often a disaster. He says he doesn't want to go and he is unhappy and grumpy for several days afterward.

Michael gets along well with one of the other young men living in the home and often spends hours in his company. He likes to share his personal possessions and often gives them away. He likes to talk on the telephone and will spend hours talking to friends. As a result, he often loses his telephone privileges for long periods of time, until he promises not to talk so long.

Possible Advocacy Issues?

SCENARIO #3: MARY

Mary is a 34-year-old woman with a history of depression and outbursts (for example, yelling, screaming, cursing, self-abuse, and threats of physical aggression). She also bosses and threatens peers at home and in the community. Mary is often kept home and in her room as a punishment for behaviors. She is not allowed to go on outings with the group if she has been bossing and threatening peers and because it is embarrassing for DSP when she acts out in the community. So, it is easier to leave her at home.

Mary also has a history of crying and screaming for several hours at night which keeps staff and other individuals in the home awake. When the DSPs reach their “wits end” they ignore her and let her cry and scream until she wears herself out and finally goes to sleep.

Mary states she wants to help handicapped children, feel loved, and not be so lonely. She states she is not a baby and feels bad when she is treated like one. She wants to go to church and sing in the church choir, learn how to take care of herself, cook and do her own laundry.

The DSP will not let Mary do any special things that she wants to do because she has such **bad** behavior and tell her that when she has **better** behavior they will help her learn to do some of the things she wants to do.

Possible Advocacy Issues?

SCENARIO #4: CHARLENE

Charlene is a 35-year-old woman who is very verbal, healthy, active at home, at work and in the community. She loves to shop for clothing, go to movies, dancing, parties, and helping with chores at home. She also likes to collect brochures, newspapers, magazines and small pieces of paper which she puts in her dresser drawers. DSPs go into her room periodically and remove her collection, throwing it in the trash, because there isn't enough room in her drawers anymore for her clothes.

Charlene knows all the merchants in her neighborhood. She tends to purchase lots of "junk" items so the DSP keep her money and make her wait until they can go with her to the store.

Charlene has a male friend, Sam, and wants to have him visit her at her home once in awhile. The administrator of the home has told Charlene that she is not allowed to have male visitors. She has also been told that she cannot go out on a date with Sam, or any other male friend.

Possible Advocacy Issues?

Information Brief

Protection from Abuse

Introduction

There is a special concern for the abuse of children, dependent adults, and the elderly. As they are more vulnerable than others, such individuals face greater risk of abuse. Reporting suspected abuse will, hopefully, not occur often in your work as a DSP. However, it's important to know your responsibilities should you need to act.

Dependent adult abuse is defined as physical abuse, neglect, financial abuse, abandonment, isolation, abduction or other treatment with resulting physical harm of pain or mental suffering, or the deprivation by a care provider *of goods and services which* are necessary to avoid physical harm or mental suffering. **Child abuse** is defined as physical injury, which is inflicted by other than accidental means on a *child* by another person, sexual abuse, willful cruelty or unjustifiable punishment *of a child*, *unlawful* corporal punishment or injury and neglect.

Protection Against Abuse

The DSP can help protect individuals from abuse through:

Observation - pay attention to individuals in your care. Many are nonverbal and can't tell you when something is wrong.

Communication - talk with individuals and other DSP daily.

Conversation - talk with day programs, work and others.

Documentation - write down what you see and hear.

Review - look at what you have written for patterns.

Report - if abuse is **known or suspected**.

Reporting Requirements for Child Abuse

California law requires that any child care custodian, health care practitioner, or employee of a child protective agency who knows or reasonably suspects child abuse **must** report the abuse to a child protective agency immediately or as soon as practically possible by telephone and to send a written report within **36** hours of receiving the information concerning the incident.

Reporting Requirements for Adult Abuse

A **dependent adult** is any California resident 18 to 64 years of age, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Included is any person 18-64 years of age, regardless of physical or mental condition, who is admitted as an inpatient to a 24-hour health facility.

An **elder** is anyone residing in California, who is 65 years of age or older, whether or not impaired mentally or physically.

California law requires care custodians and health practitioners to report certain kinds of abuse. Care custodians are administrators of certain public or private facilities, including but not limited to, community care facilities, 24-hour health facilities, respite care facilities, foster homes, schools, sheltered workshops, regional centers and offices or clinics.

Mandatory Reporting

DSPs are considered mandated reporters with a legal duty to report suspicion or knowledge of child, dependent adult, or elder abuse. Failure to report can result in a mandated reporter being held liable for both criminal and civil consequences. Conversely, the mandated reporter has complete immunity from legal actions even if the report turns out to be false.

All allegations of *abuse shall be reported* by telephone as soon as possible to either Child Protective Services, Adult Protective Services or the Ombudsman's office depending upon the age of the victim and the location of the alleged abuse. If the victim is a child the report will be made to *Child Protective Services* with a written follow up report to be submitted within 36 hours. If the victim is an adult *and* the abuse occurred in a long term care facility, the *alleged abuse is reported* to the Ombudsman's office. If the alleged abuse occurred at any other location, the report is made to Adult Protective Services. The telephone report concerning an adult shall be followed up with a written report within two working days.

Ombudsman Office Department of Aging

Each county is required to have an office devoted to the Ombudsman. This office receives reports of abuse to dependent adults if the abuse occurs in any long-term facility (nursing homes, residential facilities, foster homes, any licensed or unlicensed *residential* facility providing care and supervision).

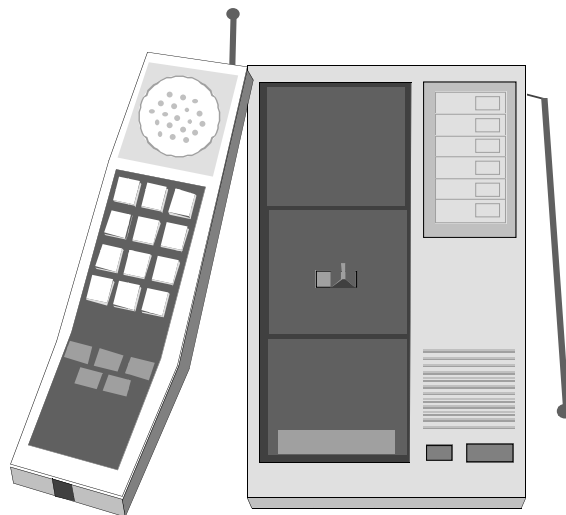
Adult Protective Services California Department of Social Services

Each county is required to have an office devoted to Adult Protective Services. This office receives reports of abuse to dependent adults. Each report is assigned to a case worker for investigation, assessment, and referral to appropriate agencies. The law requires mandated reporters to make a verbal report immediately, followed by a written report within two working days. When the suspected victim resides in a domestic setting, the abuse should be reported to the county Adult Protective Services Agency. If the abuse occurs in any long-term care facility (nursing homes, residential facilities, foster homes, or any licensed or unlicensed facility providing care and supervision), it must be reported to the local ombudsman program.

Child Protective Services Department of Social Services

Each county is mandated to have an office devoted to Child Protective Services. This office receives reports of abuse to children. Each report is assigned to a case worker for investigation, assessment and referral to appropriate agencies.

Child Protective Services is usually housed in the county Social Services department. To find the nearest office, look in the county government pages of the telephone directory under "Social Services; Children's Services and/or Child Protective Services." Many counties have 24-hour hotlines.



Elder and Dependent Adult Abuse

(excerpted from Los Angeles Infoline)

Quick Checklist. When an elderly person or dependent adult is being abused, neglected or exploited, prioritize for safety:

1. Is the person being injured or otherwise endangered at that moment? If **YES**, call the police or paramedics.
2. Is the suspected abuse occurring in a residential facility or adult day health center? If **YES**, report to the local Long Term Care Ombudsman.
3. Is the abuse occurring outside of a residential facility? If **YES**, report to Adult Protective Services.

Definitions. Listed below are possible indicators of abuse (adapted from guidelines developed by Adult Protective Services):

Physical Abuse: Pushing, shoving, shaking, slapping, or beating, or unreasonable restraint.

Indicators: unexplained bruises, welts, or burns; friction marks; bleeding scalp; detached retina; unset broken bones or other untreated injuries; any repeated injuries. Frequent emergency room visits. Frequent changes of doctors. Conflicting or implausible explanations of injuries.

Neglect: Failure to provide basic needs such as food, shelter, or medical treatment, or abandonment.

Indicators: dehydration or malnourishment; untreated bed sores; medication withheld or improperly self-administered; poor personal hygiene; soiled clothing or bedding left unchanged; keeping appliances the person needs such as bedside commode or walker out of reach; lack of clothing or other necessities; inadequate heat or ventilation; safety hazards in home.

Psychological Abuse: Verbal threats or insults, or other intimidating behavior.

Indicators: caregiver accuses the abused person of being incontinent on purpose; threatens him with placement in a nursing home.

Financial Exploitation: Mismanagement of money; theft of property.

Indicators: missing property; unpaid bills or rent; lack of clothing or other basics; unexplained bank account or auto-teller withdrawals; unexpected changes in wills or titles to property; adult's money not being spent on clothes or other basics needs.

Other Indicators of Abuse: Abused adult is kept isolated from family or friends and not allowed to speak for himself. Caregiver resists assistance from social service agencies. Caregiver has a history of abusing others. Caregiver appears angry at elder or dependent adult. Abused person may appear fearful, withdrawn, depressed, or confused (and these conditions are not caused by mental dysfunction).

Child Abuse

(excerpted from Los Angeles Infoline)

Quick Checklist. When a child is abused or neglected, prioritize for safety:

1. Is the child being injured or otherwise endangered at that moment? If **YES**, call the police.
2. Is abuse or neglect suspected? If **YES**, report to Child Protective Services.

Definitions. Child abuse (the abuse of a person under 18 years of age) may include physical, sexual, or emotional abuse; neglect; exploitation; or abandonment. Listed below are possible indicators adapted from Department of Children's Services guidelines:

Physical abuse: deliberate injury (usually overpunishment).

Indicators: unexplained and/or untreated fractures; multiple fractures; unexplained welts; bruises on parts of the body which aren't normally bruised in accidental bumps or falls; friction marks (rope burns); cigarette burns; immersion burns, caused by immersion in scalding water, (sock-like burns on feet, doughnut-shaped burns on buttocks, glove-like burns on hands). Pattern of injuries regularly appearing after weekends, vacations, or other absences. Injuries where the explanation doesn't match the injury.

Sexual Abuse: oral, anal, or vaginal intercourse; fondling; exhibitionism.

Indicators: difficulty in walking or sitting down; pain or itching in genital area; vaginal or anal bleeding; bruised genitalia; bloody underclothing; sexually transmitted disease or pregnancy in children who are probably too young to have dating relationships.

Neglect: inadequate food, shelter, clothing, supervision, or medical or dental care; abandonment.

Indicators: constant hunger; poor hygiene; inadequate clothing; lack of supervision, especially for long periods or when child is engaged in dangerous activities; medical needs left untreated; medical diagnosis of malnourishment or non-organic failure to thrive.

Emotional Abuse: cruelty; unjustifiable punishment.

Indicators: child reports punishment which is excessive, bizarre or humiliating; medical diagnosis of non-organic failure to thrive; child's inappropriate behavior (infantile or antisocial); child's suicide attempts.

Information Brief

Incident Reporting

Title 22

Each licensee shall furnish to the licensing agency reports including, but not limited to:

1. Death of any client from any cause.
2. Any injury to any client which requires medical treatment.
3. Any unusual incident or absence which threatens the physical or emotional health or safety of any client.
4. Any suspected physical or psychological abuse of any clients.
5. Epidemic outbreaks.
6. Poisonings.
7. Catastrophes.
8. Fires or explosions which occur in or on the premises.

A REPORT BY TELEPHONE SHALL BE MADE TO THE LICENSING AGENCY WITHIN THE AGENCY'S NEXT WORKING DAY DURING ITS NORMAL BUSINESS HOURS. A WRITTEN REPORT SHALL BE SUBMITTED TO THE LICENSING AGENCY WITHIN SEVEN DAYS FOLLOWING THE OCCURRENCE OF EVENT.

A sample reporting form is on the following two pages.

Title 17

Special Incident Reporting is the documentation prepared by DSPs detailing special incidents and provided to the regional center. Special incidents are those incidents which:

1. Have resulted in serious bodily injury, serious physical harm, or death.
2. Have resulted in the use of emergency intervention procedures.
3. May result in criminal charges or legal action.
4. Result in the denial of a client's rights.
5. Or, are any of the following: epidemic outbreaks, poisonings, catastrophes, fires or explosions.

ALL PROVIDERS SHALL NOTIFY, BY TELEPHONE, THE REGIONAL CENTER OF ANY SPECIAL INCIDENTS, AS SOON AS POSSIBLE, AND IN NO CASE LATER THEN THE END OF THE VENDOR'S BUSINESS DAY. A WRITTEN REPORT SHALL BE SUBMITTED TO THE REGIONAL CENTER WITHIN 24 HOURS OF THE INCIDENT.

Some Regional Centers have a form for your use, others allow use of the Licensing Form. **IF IN DOUBT - FILL IT OUT.**

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

(REPLICATION OF ORIGINAL)

**UNUSUAL INCIDENT/INJURY/
DEATH REPORT**

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

CHECK ONE OR MORE BOXES:

☐ Incident ☐ Injury ☐ Death

Date of Occurrence:

INSTRUCTIONS: NOTIFY THE LICENSING AGENCY AND, APPLICABLE, PERSON(S) AND/OR PLACEMENT AGENCY(IES) RESPONSIBLE FOR CLIENT(S) WITHIN THE AGENCY'S NEXT WORKING DAY OF ANY UNUSUAL EVENT, INCIDENT, INJURY REQUIRING MEDICAL TREATMENT AS DETERMINED BY PHYSICIAN OR DEATH. COMPLETE SECTIONS I, II, AND/OR III AS APPROPRIATE. ATTACH SHEET IF ADDITIONAL SPACE IS NEEDED. SEND ORIGINAL TO THE LICENSING AGENCY WITHIN 7 DAYS OF THE EVENT. RETAIN A COPY IN CLIENT(S) FILE. RESIDENTIAL FACILITIES FOR THE ELDERLY SHALL COMPLY WITH SECTION 87508 REGARDING THIS REQUIREMENT.

Name of Facility

Facility File Number

Telephone Number
()

Address

Client(s) Involved

Age

Sex

Date of Admission

1. _____

2. _____

3. _____

4. _____

5. _____

I UNUSUAL EVENT OR INCIDENT - UNUSUAL INCIDENTS INCLUDE CLIENT ABUSE, UNEXPLAINED ABSENCES, OR ANYTHING THAT AFFECTS THE PHYSICAL OR EMOTIONAL HEALTH AND SAFETY OF ANY CLIENT AND EPIDEMIC OUTBREAKS, POISONINGS, CATASTROPHES, FACILITY FIRES OR EXPLOSIONS.

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION AND NATURE OF INCIDENT)

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN - INCLUDE PERSONS CONTACTED AND IF INJURY OCCURRED COMPLETE SECTION II

DESCRIBE WHAT FOLLOW-UP ACTION IS PLANNED - INCLUDE STEPS TO BE TAKE TO PREVENT OCCURRENCE

II. INJURY REQUIRING MEDICAL TREATMENT

DESCRIBE HOW AND WHERE INJURY OCCURRED

Resource Guide

WHAT APPEARS TO BE THE EXTENT OF THE INJURIES?

PERSONS WHO OBSERVED THE INJURY

ATTENDING PHYSICIAN'S NAME, FINDINGS AND TREATMENT

III. DEATH REPORT

DATE AND TIME OF DEATH

PLACE OF DEATH

DESCRIBE IMMEDIATE CAUSE OF DEATH (IF CORONER REPORT MADE, SEND A COPY WITHIN 30 DAYS)

DESCRIBE CONDITIONS CONTRIBUTING TO DEATH

WHAT ACTION DID YOU TAKE?

NAME OF ATTENDING PHYSICIAN

NAME OF MORTICIAN

SIGNATURE OF PERSON REPORTING

DATE

SIGNATURE OF LICENSEE ADMINISTRATOR

DATE

Activity:
How Do You See It?

As a group, describe this room in as much detail as you can within 5 minutes.

Information Brief

Understandable Information

Providing information about services and supports for the individual in a manner that he/she understands is necessary to insure that individuals have the information and understanding to make the best choices in their lives.

Provide interpreter services to individuals who are deaf/hearing impaired in order to insure they understand information being presented.

DSP in residential settings should be trained in American Sign Language.

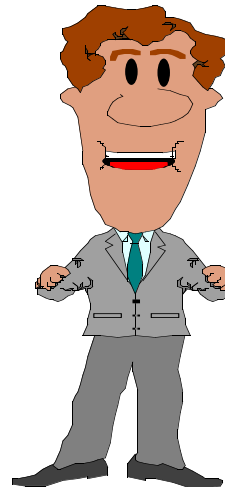
An interpreter should be present during an individual's IPP and other important events, such as medical appointments, instruction at a sheltered workshop or on the job training.

Picture boards, notebooks, synthesized voice machines and computers should be furnished for individuals who can not tell you what they want or need.

When individuals speak a language other than English make sure that a staff person who speaks that language is available.

When appropriate, have Braille printers available for individuals who are blind or visually impaired.

Talking books for individuals who have low vision or are blind.



Possible Answers to Advocacy Issues

#1.

He borrows tape recorders and clothing from other individuals living in the home. He violates their rights to have and use personal possessions.

He hates getting up in the morning. DSP makes him get up on weekends as punishment. Violation of his right to decide when to get up.

Radio is often taken away as punishment for bad behavior. Violation of his right to have and use personal possessions.

His rights to leave the facility and participate in activities in the community are violated when he is only allowed to leave once per month.

Making him participate in activities violates his right to choose how he spends his time.

His right to choose how he spends his time is also violated when he is asked to leave the kitchen area during meal preparation. **Additionally**, if he was able to participate in food choice and preparation he might be willing to eat better and not throw food.

#2

His right to treatment and habilitation services and supports are violated when he is locked in his room for outbursts.

He has a right to some method for communicating with the world - picture board, computer, synthesized voice machine, etc.

His right to dignity, privacy and humane care are also violated when he is locked in his room.

His right to humane care is violated when grooming is not done.

His right to choose how he spends his time is violated when he is taken home by his family if he really doesn't want to go.

Someone needs to determine if he gives away his personal possessions or if they are being taken away. He has a right to keep and use his personal possessions.

The right to use the telephone may not be taken away for long periods of time unless the **denial of rights** has been done, and then only for 30 days. During that time, a plan must be developed to help him limit the time on the telephone, such as a timer to help him realize how long he is on the telephone.

#3

She violates the rights of others to humane treatment when she screams and cries for several hours at night, bosses and threatens them.

Her rights to social interaction and participation in community activities is violated when she is kept at home and in her room as punishment for behaviors and for the convenience of the DSP because her behavior is embarrassing.

Her right to treatment and habilitation services and supports, right to dignity, right to religious freedom and practice, right to social interaction and participation in community activities are all violated when she is not allowed to do any **special** things because of her behaviors.

#4

Her right to privacy and her right to have individual storage space for private use is violated when DSP removes her collection from her dresser drawers and throws it in the trash.

Her right to keep and spend a reasonable amount of her own money when they keep it and make her wait until they can go to the store with her.

Her right to have visitors, make personal choices about choice of companions, leisure and social activities, the right to have a “significant other” are all violated when the administrator tells her she cannot have a male visitor or go on a date.

She has a right to make choices in areas including, but not limited to, daily living routines, choice of companions, leisure and social activities, as well as a right to have relationships.

Answers to In-Class Review

1. **Name at least three agencies/organizations that are a part of the Developmental Disabilities services system in California.**

- | | |
|--------------------------------|---------------------------|
| 1. State Council | 9. Developmental Services |
| 2. Protection and Advocacy | 10. Regional Centers |
| 3. Area Boards | 11. Developmental Centers |
| 4. Organization of Area Boards | 12. Mental Health |
| 5. Program Development Funds | 13. Rehabilitation |
| 6. Health and Human Services | 14. Education |
| 7. Social Services | 15. SELPA |
| 8. Health Services | 16. School Districts |

2. **Name at least three laws or regulations that regulate/monitor services to individuals with developmental disabilities.**

1. Rehabilitation Act of 1973
2. Americans with Disabilities Act (ADA)
3. Individuals with Disabilities Education Act (IDEA)
4. Individuals with Disabilities Education Act - Part C
5. Lanterman Act
6. Title 22 - Division 6 - Department of Social Services (Licensing of Community Care Facilities)
7. Title 17 - Department of Developmental Services

3. **Parents continue to be “natural guardians” and make decisions for adult sons/daughters with developmental disabilities if they are still living at home with their parents.**

No! Nonconserved adults can make their own decisions whether they live with their parents or not.

4. **Name at least three rights guaranteed by the U.S. Constitution.**

- | | |
|------------------------|--------------------------------|
| 1. Freedom of Speech | 5. Right to Due Process |
| 2. Freedom of Religion | 6. Freedom of Association |
| 3. Freedom of Assembly | 7. Equal Protection of the Law |
| 4. Right to Privacy | |

5. **Welfare and Institutions Code recognizes the rights of individuals with developmental disabilities to choose where to live and with whom.**

True

6. If a resident gets into a fight with a roommate it is OK to deny them the use of the telephone for 2 weeks as punishment.

False! Rights cannot be denied for punishment or DSP convenience. They are limited to 30 days, and may only be denied with regional center approval. A denial of rights must be directly related to the right denied.

7. Name at least three things that are considered abuse under the Child Abuse and Dependent Adult Abuse laws.

- | | |
|-------------------|---------------------|
| 1. Physical abuse | 6. Sexual abuse |
| 2. Neglect | 7. Abandonment |
| 3. Mental abuse | 8. Cruel punishment |
| 4. Intimidation | 9. Isolation |
| 5. Verbal abuse | 10. Financial abuse |

8. Failure to report physical abuse is a misdemeanor, punishable by ____ months in jail or a fine of \$____ or both.

6 months and \$1,000.00

9. Licensee shall furnish the licensing agency with reports (check all that apply).

- a. When a resident dies for any reason, in any place.
- b. Gets in a verbal fight with another resident.
- c. A resident is injured and requires medical treatment.

a and c

10. A written Special Incident Report shall be submitted to the regional center within

24 hours

11. Name one way to be sure that an individual who is non-verbal, understands information to make the best choices in his or her life.

Picture Board • Notebook • Synthesized Voice Machine • Talking computer

If You Want to Read More About Individual Rights, Laws and Regulations

Americans with Disabilities Act, A Comprehensive Overview

California Department of Rehabilitation (1994)

A good resource guide with understandable information about the Act and its implications for people with disabilities.

Keeping the Promise of the Lanterman Act: Report 1

by the Assembly Office of Research (1984); California State Assembly

The Assembly Office of Research completed a study of the impact of the Lanterman Act fifteen years after it was signed into law. This first of a two part series chronicles their findings.

Lanterman Developmental Disabilities Services Act

Distributed by the Organization of Area Boards (1998)

The full text of Division 4.5 of the Health and Welfare Statutes, including all amendments to the Act through 1997. This document is available at all local Area Boards. You may also find the complete text at the Department of Developmental Services website at <<http://www.dds.cahwnet.gov/>>.

Homework Assignment for Session #11: Your Community

This assignment is to help you start to build a resource for finding recreation and leisure opportunities in your community. Please fill out the form and bring the requested information to class. This may require a bit of research.

Name of local newspaper(s): _____

Identify the Section in the newspaper that lists what's happening each week:
(include the name of the section and day it's published; bring a sample, if possible)

Name two or three restaurants within walking distance of where you work or live.

Name two to three places within a mile of where you live or work where people gather: (examples include coffee shops, parks, bowling alleys, stores, etc.)

Find and bring to class examples of publications that tell people about interesting classes in your community. (Examples are bulletins from Parks and Recreation or Adult Education, The Learning Annex)

Find out if there is any Special Olympics organization in your community. Record the name and phone number for the contact person.

Contact the Chamber of Commerce and ask if there is any information they have about clubs in your community. Bring anything the Chamber may have given you.

Find out about the YMCA and/or YWCA in your community. Write down the cost of joining and monthly dues. Ask if there is any special rate for low income individuals or people with disabilities.

Get a copy of the bus schedule for the area around where you live or work.

Bring any additional information that you can find about recreation and leisure opportunities in your community.

Homework Assignment for Session #11: Modifications

Please read this information on modifications before the next class session.

The following are ways to make modifications or accommodations so that people with disabilities are more easily able to participate in recreation activities:

- **Rule changes should be available for all participants, if needed**
Examples: Lengthening the three-second lane rule in basketball
Using different ways to bat (whiffle bat, tennis racquet)
- **Make everybody feel welcome**
State rules in the positive (e.g. Instead of saying “no dogs” say “only service dogs permitted”)
- **Ask young people their age (for grouping) instead of grade**
- **Ask about special accommodations on an application form**
- **Assistive devices! Be creative!!**
Use everyday items such as alarm clocks, velcro, rope, tape

Use specialty items such as a nonskid mat

Help a person to use his/her own device, such as a language board
- **Physical environment-think!**
Consider the obvious: stairs, doorways

The not-so-obvious: acoustics, wind conditions, bright lights, unusual odors
- **People power**
Grouping

“Buddies”

Volunteer assistants
- **Time/place**

Accessible buildings/floors

Meeting times to accommodate school/work/bus schedules

Adapted from Developing Inclusive Recreation, Institute for Community Inclusion, Children's Hospital, Boston, MA.

Homework Assignment for Session #11: Success Stories

Please read the following brief stories and answer the questions.

Project Rec Success Stories

Taken from "The Institute Brief," May, 1991

Beth, who lives with three other roommates in a staffed apartment, is 43 years old and has multiple disabilities. She has always loved swimming and uses the separate program at the local Arc for participation in this activity. Recently, the staff at a nearby YMCA received training and reassurance from a DSP that their program could include people with Beth's abilities. Although she is not yet a full member at the Y, Beth now goes to their adult swim one time a week.

In this story, what would be the "special service" that Beth received?

What regular service was Beth able to use because of training by a DSP?

Mickey is nine years old and also has multiple disabilities. In school, he attends a resource room and receives physical therapy services, but goes to physical education with other children in the school. Although physically integrated into P.E., Mickey did not participate with the other children. His partner in group activities was always the gym teacher. After meetings with the physical education department and the physical therapist, the DSP was able to help the teacher and the other kids how to include Mickey through modeling and verbal instruction. Mickey now participates fully.

What happened so that Mickey was able to participate fully in regular P.E.?